



Personal Campaign Committee

Statement of Dissolution

Candidate Information

| | | | |
|---------------------------------------|------------------------|--|------------------------------------|
| Name Bob Springmeyer | | Telephone Number (801)363-3455 | |
| Office Governor | District Number | Party Democrat | County of Election State |
| Street Address 1289 4th Ave | Suite/Apartment/PO Box | City Salt Lake City | State Zip UT 84103 |

I, Bob Springmeyer
(Name of Candidate)

affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.

admin
Signature of Candidate

1/11/2010
Date

To File this Form
Mail or deliver to

Utah State Capitol, Suite 220
Salt Lake City, UT 84114
(801)538-1133

For More Information
Contact the Lieutenant Governor's Office
(801)538-1041
1-800-995-VOTE (8683)
disclosure@utah.gov

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Date Received